

Original Research

An analysis of the contents of home nursing training focusing on liaison

— As a basis for guidance on interprofessional liaison —

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Abstract

Medical, rehabilitation, and care service use by individuals requiring home care should be based on their intention to continue their daily lives. In this respect, it is desirable to create connections to facilitate support from professionals, and efficiently provide it to service users. Liaison among supporters is expected to become stronger for this reason. This study examined students' experiences related to liaison during home nursing training, with the aim of clarifying their learning about this issue through basic nursing education. After home nursing training, contents related to liaison were extracted from students' training records, and analyzed with their consent. These contents were classified into 3 categories, representing the students' views of liaison: 1) connecting care-receivers and social resources to support the formers' daily lives, 2) addressing daily life- and health-related issues they face, and 3) accommodating their needs. The students considered the effective use of doctor instruction sheets, medical conferences, and meetings of persons in charge as practical methods of liaison. Based on the results, it may be necessary to structure students' understanding of 'informal' services, nursing roles, and the actual situation of liaison, in order to provide them with appropriate guidance on liaison.

Key words: team care, interprofessional, liaison, collaboration, nursing roles

Introduction

With the goal of functionally reorganizing medical and care services by 2025, the Ministry of Health, Labour, and Welfare implements measures to improve such services, and strengthen liaison for functional differentiation and more effective and efficient service provision. These measures include: promoting discharge from hospitals and home end-of-life care; and addressing the growing demand for medical services. On the other hand, nursing education is expected to nurture nurses needed by society. On examining the liaison-related items of the

national nursing examination in FY2016, (understanding of liaison and collaboration with other professionals) was defined as a medium classification category of (understanding of liaison and collaboration with medical institutions), indicating that students are expected to understand home nursing roles and functions through liaison with other professionals. As home nursing care is provided in daily living environments, it is necessary to accommodate not only health-related needs to be met by nurses, but also various daily life-related needs, covering home and community environmental issues, economic power, and interpersonal relationships. When

supporting care-receivers, objective judgments on their problems are essential, while attaching importance to subjective aspects, such as clarifying the details of their needs related to support and desires related to daily life, is the first step of such support. Information regarding each care-receiver is shared among various professionals in charge to continuously support him/her by fulfilling their duties after confirming the direction of support. Interprofessional liaison should be established by organizing such support systems. In basic nursing education, the improvement of learning contents in consideration of the increasing need for home care is also expected. Under these circumstances, the authors have provided approaches to promote students' understanding of liaison through home nursing training since 2012, setting our goal of guidance at 'developing an understanding of liaison through case studies'. On analyzing nursing students' impressions of home nursing in 2012, we realized that liaison was well-recognized by them, as they regarded interprofessional liaison as an attitude or ability necessary for home nursing. In the present study, we examined students' experiences related to liaison during home nursing training.

Methods

1. Definition of terms

In the study, the term 'liaison' referred to connections among multiple professionals to promote the effective use of social resources by individuals requiring care.

2. Subjects

Among the 32 third-year nursing university students who had completed home nursing training within the period between November and December 2013, 22 who had consented to cooperate with the study were examined.

3. Study period

The study was conducted from September 2013 to March 2014.

4. Data analysis

After training, contents related to liaison were extracted from the students' training records, qualitatively analyzed, and categorized based on semantic similarities. To ensure sufficient reliability, each category was named upon deliberations among the collaborative researchers.

5. Ethical considerations

A request for understanding and cooperation with the study was made to the students orally and using a written document, with the following explanations to obtain their consent: the use of the data obtained only for research purposes; maintenance of anonymity and protection of personal information when processing data and writing papers; voluntary participation in the study; no influences on academic achievements, irrespective of whether or not consenting; and no disadvantageous treatment for those refusing to cooperate.

Results

1. Information on the care-receivers recorded by the students focusing on liaison

Table 1 Presents information on the care-receivers recorded by the students focusing on liaison, specifying their sex, age, the name of the diagnosis, level of impairment, medical treatment, and family structure. The age markedly varied, as the subjects ranged from infants to the elderly. The primary disease tended to be chronic or incurable, and chronic obstructive pulmonary disease, multiple sclerosis, Parkinson's disease, and amyotrophic lateral sclerosis were frequently observed, indicating the necessity of addressing both health- and daily life-related issues. Concerning the level of impairment, there were a large number of individuals with marked care dependency. The contents of medical treatment included: bladder catheter placement, percutaneous endoscopic gastrostomy (PEG) tube management, artificial respirator management, home oxygen therapy, suctioning, and urethral catheterization. In short, the care-receivers were individuals requiring support under continuous medical management, as well as assistance with their daily life activities. It was also necessary to provide support in consideration of various family structures, as some lived alone, while others lived with their spouse, children, or parents.

2. Liaison in terms of connections with social resources

On analyzing the main contents related to liaison, it was shown to be associated with 3 types of services as social resources to directly support daily care (Table 2): 1) services based on the Long-term Care Insurance System, such as home-visit nursing, care, and rehabilitation, and contents of support as part of them; 2) those provided by medical and healthcare professionals, such as

Table 1 Outline of the Care-receivers Recorded by the Students Focusing on Liaison

Care-receiver	Age Sex	Name of the diagnosis	Level of impairment	Medical treatment	Family structure	Others
1	70 s —	Chronic obstructive pulmonary disease Cervical spondylosis	Care Level 2 Bedridden Level B1 Physical Disability Grade 2	None	Living with the son	The son had a mental disorder
2	40 s F	Multiple sclerosis	Bedridden Level C2	Bladder catheter management PEG tube management	Living with the parents	
3	60 s M	Parkinson's disease	Dysarthria	None		
4	70 s M	Amyotrophic lateral sclerosis	Care Level 5 Bedridden Level C2	Artificial respirator management PEG tube management Suctioning	Living with the wife and son	
5	60 s —	Amyotrophic lateral sclerosis	Care Level 5 Bedridden Level C2	Artificial respirator management PEG tube management Suctioning	Living with the son	
6	30 s M	Spinal cord injury Chronic respiratory failure	Care Level 5 Bedridden Level C2	Home oxygen therapy Suctioning PEG tube management Tracheotomy	Living with the mother	
7	70 s F	Neurogenic bladder Low back pain Acute renal failure Urinary retention	Care Level 3 Bedridden Level B1	Urinary catheterization Bladder irrigation	With the spouse	
8	90 s F	Dementia	Care Level 3 Bedridden Level A2 Reduced ADL independence based on the Level of ADL Independence of the Elderly with Dementia scale IIb	None	Living alone	The son and his wife lived next door, and the latter continuously observed the care-receiver's condition
9	8 years old M	Dandy-Walker's syndrome	Bedridden Level C2	Artificial respirator management Suctioning PEG tube management Management after tracheotomy		
10	80 s F	Cerebral infarction sequelae Senile psychosis	Care Level 5 Bedridden Level C2	Bladder catheter management Bladder irrigation Enema		
11	80 s M	Amyotrophic lateral sclerosis	Care Level 5 Bedridden Level C1	Artificial respirator management Continuous low-pressure suctioning		

<-> indicates that there was no description.

Table 2 Categories Representing the Contents of Liaison Recorded by the Students

Category	Contents of liaison
Connecting care-receivers and social resources to support the formers' daily lives	<p>Services supporting daily care : Home-visit nursing, care, bathing, rehabilitation, and medical services ; welfare equipment rental services ; home renovation ; outpatient care services ; day care and rehabilitation services ; short-term care facility stays ; outpatient care services ; hospital and visiting doctor services ; home massage ; home care management ; home care support clinics ; meal delivery services ; medical device manufacturers ; and care service taxis</p> <p>Professionals supporting daily care : Visiting nurses, PT, ST, public health nurses, doctors, dentists, home helpers, care managers, and school nurses</p> <p>Systems and facilities : The Long-term Care Insurance System and systems to certify individuals with physical disabilities, cover medical fees as public expenditures, and provide public assistance ; health centers and schools ; and medical coupons for children with specific chronic pediatric diseases</p>
Addressing daily life- and health-related issues care-receivers face	<p>>Living on a pension, the financial situation was tight. >Medication management was difficult. >The son suffered from a mental disorder. >Assistance was required for all activities. >Similar medications had been prescribed, indicating the necessity of establishing a family pharmacy.</p>
Accommodating care-receivers' needs	<p>>Helpers' and nurses' techniques varied, causing anxiety. >The patient desired to lead a daily life similar to that of healthy children despite the presence of a disease.</p>

Table 3 Methods of Liaison Considered by the Students

Methods of liaison
<p>>Receiving doctors' instructions >Reporting >Holding medical conferences >Holding meetings of persons in charge >Reporting the condition orally >Contacting whenever necessary >Using handover notebooks</p>

visiting doctors, hospitals, and medical device manufacturers ; and 3) those that are informal, such as care service taxis and meal delivery. Professionals supporting daily care included: visiting nurses, physical and speech-language-hearing therapists, public health nurses, and doctors. Liaison was also associated with the use of the Long-term Care Insurance System and systems to certify individuals with physical disabilities, cover medical fees as public expenditures, and provide public assistance, as well as connections with facilities. Based on these results, the students' liaison-related experiences during home nursing training were classified into 3 categories: 1) connecting care-receivers and social resources to support the formers' daily lives, 2) addressing daily life- and health-related issues they face, and 3) accommodating their needs.

Discussion

1. Necessity of understanding 'informal' services

The majority of the care receivers, for whom approaches were regarded as liaison-based by the students, suffered from chronic or incurable diseases, and, therefore, it was necessary not only to meet their health-related needs, but also to address various daily life-related issues they faced, and accommodate their related needs. They were individuals requiring support under continuous medical management, as well as assistance with their daily life activities. The students mainly considered the use of systematized and currently available healthcare and welfare services ('formal' care) as social resources to support such care-receivers' daily lives, possibly reflecting their insufficient understanding of individuals requiring care due to a limited period of training. In line with this, as future approaches, it may be necessary to help students: develop perspectives on care-receivers' daily social activities in their communities; understand non-systematized, 'informal' services to closely support their community lives, covering interpersonal relationships with their families, relatives, and neighbors, as well as volunteers; and understand communities where they live. Shinoda⁹ classified team medicine into 3 models: 1) communication; 2) liaison/collaboration; and 3) network. The cases encountered by the students

may have mostly corresponded to the liaison/collaboration model, in which teams are made up of patients, families, and professionals closely supporting the former, and aim to achieve their goals through mutual complementation. She also defined the following factors as requirements of social resources management for individual care-receivers: 1) goal-sharing, 2) information-sharing, 3) and role-sharing based on mutual understanding. For a large number of students, it is easier to participate in care when care-receivers' situations stabilize after the clarification of their needs and daily life-related issues, in addition to arrangements related to social resources. During this period, the status of use of social resources is confirmed, while collecting and examining information related to individual care-receivers; therefore, in the present study, training during this period may have facilitated the students' learning about formal services. At this point, in order to maintain home care, it may be necessary for students to understand the process of assessment, including resource-related adjustments, by care managers, administrative bodies, and care staff, to clarify care receivers' levels of need for assistance, and enable them to stably obtain it. Concerning informal service use, Nonaka⁷ observed interpersonal relationships, focusing on the quality, quantity, and details of communication with families, neighbors, and friends, as well as its significance for care-receivers, and noted the importance of confirming and complementing information from care-receivers themselves or their families to clarify the extent of support available. Appropriate contents and methods of learning should be considered in the future to deepen students' understanding of informal services within a limited period of training.

2. Necessity of addressing daily life- and health-related issues

While the students actively recorded social resources to support daily care, there were few descriptions of daily life- or health-related issues. Regarding this issue, Okada⁷ noted: "A home care service plan created by a care manager after collecting and examining various types of information is only a proposal. As it is necessary to obtain service users' and their families' consent after sufficient explanations when providing such services, home care plans tend to be changed based on the former's intentions. Support for service users to realize their ability to control their own daily lives encourages their decision-

making, and respects their decisions". When students participate in care, care-receivers' daily life-related or health problems may have already been resolved. Therefore, effective methods to help them understand care-receivers' problems, in addition to the significance of the use of social resources, should be considered. Kitajima⁷ emphasized the necessity of role assignment and collaboration, as different professionals collaborate to fulfill the same purpose beyond welfare, healthcare, and medical services in inter-professional liaison. Based on this, it may be necessary for students to understand the use of social resources, not limited to the contents of services or service providers, as a measure to address daily life- and health-related issues through team approaches in actual settings.

3. Necessity of structuring liaison

In the past national nursing examination, <understanding of liaison and collaboration with other professionals> was defined as a middle classification category of <understanding of liaison and collaboration with medical institutions>, indicating that students are expected to understand home nursing roles and functions through liaison with other professionals as a basis for understanding individuals receiving care in communities. Opportunities for students to experience the actual situation of liaison are limited during home nursing training, but the results of the present study suggest that they learn its importance sufficiently by understanding care-receivers' problems and the significance of the use of social resources. For example, the students mentioned the effective use of doctor instruction sheets, medical conferences, and meetings of persons in charge as practical methods of liaison. These items would not have been mentioned if they had not recognized their necessity or significance. Tanigaki et al.⁷ extracted 3 categories representing nursing students' liaison-related learning during home nursing training, and defined 3 stages of learning based on them: 1) the establishment of interprofessional liaison, 2) positive effects of liaison on care-receivers, and 3) liaison to support care-receivers' home lives. This is consistent with the results of the present study, particularly those regarding connections with social resources, including services and interpersonal relationships, and associations with daily life- and health-related issues. Furthermore, Tanigaki et al. indicated the importance of questioning to organically connect experiences through training and knowledge

obtained through in-school lectures and reference books, with a view to deepening invisible liaison-related learning. In contrast, the authors stress the usefulness of association charts to understand the association of social resources with health- and daily life-related issues faced by care-receivers. To support care-receivers living in communities and their families, liaison is a measure, rather than a goal. Therefore, students are expected to understand the roles and activities of multiple professionals who support care receivers' daily lives through invisible liaison. The present study also revealed the current status of students' learning related to liaison, particularly connections. The results also suggest the necessity of structuring students' understanding of diverse social resources in communities and nursing roles, as well as the actual situation of liaison, in order to provide them with appropriate guidance on liaison.

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